



**CERTIFIED FOOD MANAGER PROGRAM**  
**INSTRUCTOR APPLICATION –NEW / RENEWAL**

The Certified Food Manager (CFM) **PROGRAM LICENSEE** must Mail or Fax the completed Instructor Application and ALL required documentation to: Food and Drug Licensing Group, MC 2003, Texas Department of State Health Services, PO Box 149347, Austin, TX 78756-3182. Telephone: (512) 834-6727, Fax: (512) 834-6741. Visit our website at: <http://www.dshs.state.tx.us/food-managers/default.aspx>

<b><u>PLEASE TYPE OR PRINT LEGIBLY</u></b>	Program License Number: _____
1. Licensed CFM Program: _____	
2. Instructor Name (Candidate): _____	
Last	First MI
3. Telephone (Daytime): _____	
Area Code	Number
4. Email: _____	

**(NEW)** **Complete for a “NEW” license only**

5. Instructor Training Requirements - Certified Food Manager Certificate:  
☐ Attach a copy of current CFM Certificate
6. Instructor Experience or Education Requirement: Complete A or B  
☐ A. Graduate/Bachelor/Associate Degree Applicant:  
 Attach copy of transcript and diploma. The degree must be in area of Food Safety/Environmental Health/or Natural Sciences. OR  
☐ B. Work Experience Applicant: (Attach copy of work experience)  
 (1) 2 years of State or Local Health Department Regulatory Food Inspection Work Experience OR  
 (2) 5 years of Managerial Food Establishment Work Experience §229.172 (g)(1)

**(RENEWAL)** **Complete for a “RENEWAL” license only**

(Verification of training hours must be submitted with application)

7. Instructor Continuing Education (5 clock hours): List all professional training methods required for certification.

Course Title:	Hours:	Date:
_____	_____	_____
_____	_____	_____

**AFFIDAVIT:** I hereby certify that the information given above is true and correct to the best of my knowledge. I understand at the time of audit, verification of documentation shall be provided at the request of the department. I further certify that I have read and understand applicable provisions of 25 Texas Administrative Code, Chapter 229.172 and agree to abide by them.

Signature of Instructor (Candidate): _____	Date _____	Signature of CFM Program Licensee: _____	Date: _____
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<b><u>New:</u></b> <input type="checkbox"/> CFM <input type="checkbox"/> Work Experience <input type="checkbox"/> Transcript <input type="checkbox"/> Degree <input type="checkbox"/> Industry (5 Yrs) <input type="checkbox"/> Diploma <input type="checkbox"/> Regulatory (2 Yrs)	<b><u>FOR CFM OFFICE USE ONLY</u></b> <input type="checkbox"/> Approved <input type="checkbox"/> Instructors #: <input type="checkbox"/> Exp Date: <input type="checkbox"/> Disapprove: <hr/> <input type="checkbox"/> Disapprove: Comments:	<b><u>Renewal:</u></b> <input type="checkbox"/> Continuing Education (5) <hr/> <b>Initials:</b> <b>Date:</b>
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